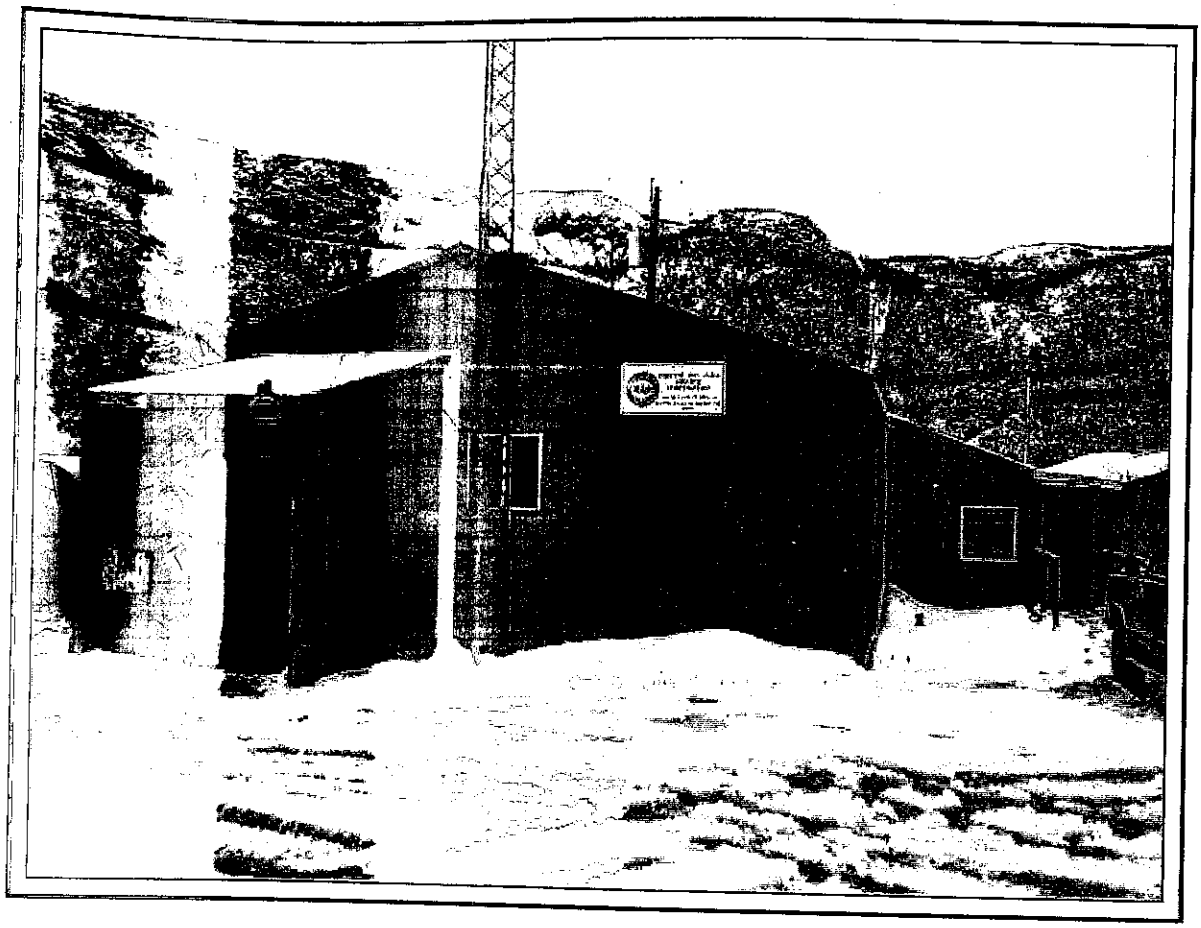
CHIGNIK
HEALTH CLINIC



Alaska Rural Primary Care Facility
Code and Condition Survey

March 5, 2002

Table of Contents

I. Executive Summary

Overview:

The Chignik Clinic, built in 1980's, is a 1346 SF clinic of a different design than other clinics in the region. It was built as a pole building with pole foundation, and large double trusses roof system. The floor is joists on beams attached to the pole structure. It has wood stud walls and metal siding with batt insulation. The facility has had two additions as entrances, one with a ramp and sliding door, the other an L-shaped narrow entry hall with several steps that does not meet any codes. The arrangement is difficult with the waiting from the small L-shaped entry and the large rear doors with no landing from the exterior, with vestibule full of storage items. There is a large trauma room with x-ray machine, and an additional single exam room off of the central hall for circulation. There is a laboratory, a toilet room, and reception area/office off the waiting room. A small medical records room with a bathtub, and a small laundry/water heater, janitor room that is very crowded. There is little privacy and the spaces are very poorly organized for clinic flow and have mismatched combinations, i.e. medical records with the bathtub. Heating is done with Toyo stoves and there is no mechanical space.

The clinic is small for the current size of the village, 79 registered residents and the village has a very unique situation. Chignik is a major fishing and processing port and can have up to 800 residents during certain seasons. In addition it has been designated as a subregional clinic by BBAHC serving the surrounding villages of Chignik Lake, Chignik Lagoon, Ivanof Bay, and Perryville. This presents the need for the x-ray machine for instance. Therefore, it is the recommendation based on program model and patient needs at this facility that a Large Denali Commission Clinic be considered.

Renovation/Upgrade and Addition:

The Clinic will require a 154 SF addition to meet Small Clinic and an 1154 SF addition to accommodate the current need and Alaska Rural Primary Care Facility space guidelines and the BBAHC service delivery model for this clinic. This addition is not possible on the existing site. The addition would require major site changes and substantial renovation of the existing clinic. A new site will need to be selected to accommodate a new clinic. The cost of renovation and addition will far exceed the cost of a new clinic facility.

New Clinic:

The community has proposed that a new larger 2500 SF Denali Commission Large Clinic can be constructed on a new site, just a couple blocks from the existing clinic. We have included a preliminary site plan chosen by the city and village council.

The site has existing city utilities available and can be served easily. The Mayor of Chignik, Jim Brewer, has confirmed the chosen site and will have all documentation completed in the next couple months.

The community has completely supported this effort and have met extensively to assist in new site issues and to resolve any site considerations of the three options presented.

II. General Information

A. The Purpose of the Report and Assessment Process:

ANTHC has entered into a cooperative agreement with the Denali Commission to provide management of the small clinic program under the Alaska Rural Primary Care Facility assessment, planning, design and construction. Over 200 clinics will be inspected through the course of the program. The purpose of the Code and Condition survey report is to validate the data provided by the community in the Alaska Rural Primary Care Facility Needs Assessment and to provide each community with a uniform standard of evaluation for comparison with other communities to determine the relative need between the communities of Alaska for funding assistance for the construction of new or remodeled clinic facilities. The information provided in this report is one component of the scoring for the small clinic RFP that the Denali Commission sent to communities in priority Groups 3 and 4.information gathered will be tabulated and analyzed according to a set of fixed criteria that should yield a priority list for funding. Additionally, the relative costs of new construction vs. remodel/addition will be evaluated to determine the most efficient means to bring the clinics up to a uniform standard of program and construction quality.

A team of professional Architects and Engineers traveled to the site and completed a detailed Field Report that was reviewed by all parties. Subsequently, the team completed a draft and then final report of the facility condition.

B. Assessment Team:

Randy Muth P.E., ANTHC organized the assessment team. The team for this site visit was Gerald L. (Jerry) Winchester, Architect, Winchester Alaska, Inc.; Tom Humphrey, PE, Jernstrom Engineering, and Randy Muth P.E., ANTHC. Team members who assisted in preparation of report from information gathered included members of the field team above and Ben Oien PE, Structural Engineer; Tom Humphrey, PE, Electrical Engineer; Carl Bassler PE, Civil Engineer; and Estimation Inc.

C. Report Format:

The format adopted is a modified "Deep Look" format, a facilities investigation and condition report used by both ANTHC and the Public Health Service, in maintaining an ongoing database of facilities throughout the country. Facilities are evaluated with respect to the requirements of the governing building codes and design guidelines. Building code compliance, general facility condition, and program needs have been evaluated. The written report includes a floor plan of the clinic, site plan as available, and new plans for renovation/upgrade or completely new clinics. Additional information was gathered during the field visit which includes a detailed Field Report and building condition checklist, sketches of building construction details, investigations of potential sites for new or replacement clinics, and proposed plans for village utility upgrades. This information is available for viewing at ANTHC's Anchorage offices and will be held for reference.

D. The Site Investigation:

On January 31, 2001, the team flew to the site and made observations, took photos, and discussed the needs with on-site personnel for the facility. Approximately two hours was spent on site, with sufficient time to investigate foundations, structure, condition, mechanical and electrical systems, and to interview the staff to assess current and projected health care needs.

Interviews were conducted with the Jim Brewer, Mayor of Chignik; Kathryn Hahne, PA; and Roy Carey, Maintenance. The staff provided information on the existing building, site, and utilities. These interviews provided clear understanding of the needs of the village, the clinic facility, and the users of the facility.

The Mayor of Chignik has reviewed the use of a Denali Commission Large Health Clinic design adapted to the Chignik Site. He has agreed to proceed with final approvals of the site.

III. Clinic Inspection Summary

Population: 79 (2000 Census)
2nd Class City, Lake & Peninsula Borough, Lake & Peninsula School District, Bristol Bay Native Corporation.

Location:
The City of Chignik is located on Anchorage Bay on south shore of the Alaska Peninsula. It lies 450 miles southwest of Anchorage and 260 miles southwest of Kodiak. It lies at approximately 56d 18m N Latitude, 158d 24m W Longitude. (Sec. 07, T045S, R058W, Seward Meridian.) Chignik is located in the Aleutian Islands Recording District. The area encompasses 11.7 sq. miles of land and 4.2 sq. miles of water. Chignik has a maritime climate characterized by cool summers and warm, rainy winters. Cloud cover and heavy winds are prevalent during winter months. Summer temperatures range from 39 to 60; winter temperatures average 20 degrees. Precipitation averages 127 inches annually, of which 58 inches are snow.

History:
A Kaniagmuit Eskimo village called Kalwak was originally located here; it was destroyed during the Russian fur boom in the late 1700s. Chignik, a Koniag (Sugpiaq) Aleut word meaning "big wind," was established in the late 1800s as a fishing village and cannery. A four-masted sailing ship called the "Star of Alaska" transported workers and supplies between Chignik and San Francisco. Chinese crews from San Francisco traveled to Chignik in early spring to make tin cans for the cannery. Japanese workers followed in mid-June to begin processing. A post office was established in 1901. Coal mining occurred from 1899 to 1915. Chignik became an incorporated City in 1983. Today, two of the historical canneries are still in operation.

Culture:
Historically a Kaniagmuit area with Russian and Scandinavian influences, the community is presently a mixture of non-Natives, Aleuts and Eskimos. Subsistence on fish and caribou is important to residents' livelihoods.

Economy:

As is typical of villages in the region, commercial fishing and subsistence activities are the mainstays of the economy. 15 residents hold commercial fishing permits. Two fish processing plants operate in Chignik: Aleutian Dragon and Chignik Pride Fisheries. Salmon, herring roe, halibut, cod and crab are processed here; between 600 to 800 people come to Chignik to fish or work in the plants each summer. Residents depend on subsistence foods, including salmon, trout, crab, clams, caribou and moose.

Facilities:

Water is supplied by Indian Creek, which has a dam and a reservoir. Water is treated and piped into all 60 homes and the school. A well is available for back-up water supply. Funds have been requested for a 200,000-gal. water contact tank and filtration system to bring the water into compliance. Piped sewage is collected in community septic tanks and wastewater is discharged via ocean outfall lines; approximately 45 homes are served. The remainder use individual septic tanks. All homes are completely plumbed. A new landfill and access road were recently completed. A study is needed to examine the feasibility of hydroelectric generation at Indian Lake.

Transportation:

Chignik is accessible by air and sea. There is a State-owned 2,600' gravel runway and a seaplane base. Regular flights run from King Salmon and Port Heiden. Chignik Fisheries also owns a 1,630' gravel airstrip. Barge services arrive weekly from late spring through early fall, and monthly during the remainder of the year. The State Ferry operates bi-monthly from Kodiak between May and October. A 600-foot privately-owned dock and a boat haul-out are available. A 110-slip small boat harbor and public dock are under development. ATVs and skiffs are the primary means of local transportation. There is a strong regional interest in constructing roads between Chignik, Chignik Lagoon, Chignik Lake and the City landfill.

Climate:

Chignik has a maritime climate characterized by cool summers and warm, rainy winters. Cloud cover and heavy winds are prevalent during winter months. Summer temperatures range from 39 to 60; winter temperatures average 20 degrees. Precipitation averages 127 inches annually, of which 58 inches are snow.

B. General Clinic Information:

Physical Plant Information:

The existing Chignik Health Clinic completed in 1980's occupies 1346 sq. ft. (See attached Plan) It is one of the medium size clinics constructed during the last twenty years and existing in the BBAHC program area. It has small a waiting room, toilet, janitor/laundry/supply room, one trauma room with x-ray machine, one exam room, office work area off waiting area, medical records/bathroom, a medical supply/pharmacy storage area/laboratory room, and no mechanical room. It has a front entry with L-shaped narrow vestibule and does not allow stretcher access. The rear entry is through a sliding door, steep ramp and double doors. The vestibule is used extensively for storage. The clinic is served with water and sewer from existing water and wastewater systems for the city. Sinks are provided in the two exam rooms, toilet room, and the janitor room.

Clinic program usage information:

We do not have the patient records that indicate clinic usage and area available from the Bristol Bay Area Health Corporations. There are one full time PA that service Chignik and the surrounding three other villages. There are other part time health aides. The office space provided is entirely inadequate as it has all office functions, travel, files, and use by all health aides. The space off the waiting room contains a desk, copier, fax, and two chairs and other equipment and supplies. The itinerant sleeping area is an alcove in the waiting area.

Community Program Sheet:

The community program sheet P1.0 Services has been included if available on the next page. These sheets were completed during the Code and Condition Survey by ANTHC representative.

C. Program Deficiency Narrative:

1. Space Requirements and Deficiencies:

Chignik Health Clinic is in a unique situation. It has only 79 registered residents, however, as a major fishing port; it will have up to 800 residents at many times of the year. The clinic also services the fishing fleet of boats, cannery workers, as well as tourists from the ferry system. out of this area with health care services. In Addition, the clinic is designated by BBAHC as a Sub-regional clinic for the general area and provides additional health care services beyond health aides to the four surrounding communities of Chignik Lagoon, Chignik Lake, Perryville, and Ivanof Bay. It is centrally located and has an exiting x-ray machine, and additional laboratory for diagnostic health care equivalent to Denali Large Clinic service delivery model. We have therefore provided a space program comparison of the existing Chignik Health Clinic to the Small Denali Prototype based on the registered residents and also to the Large Denali Prototype based on the current delivery model and existing real space requirements.

Space Comparison Matrix - Current Chignik Bay Actual SF to Denali Commission Small Clinic

Alaska Rural Primary Care Facility

	Current Clinic			Small clinic					
Purpose / Activity	**Actual Net SF**			**ARPCF SF**			**Difference**		
		No.	**Net Area (SF)**	**Size**	**No.**	**Net Area (SF)**	**Size**	**No.**	**Net Area (SF)**
Arctic Entries	73, 72	2	145	50	1	50			-95
Waiting/Recep/Closet	177	1	177	100	1	100			-77
Trauma/Telemed/Exam	236	1	236	200	1	200			-36
Office/Exam	116	1	116	150	1	150			34
Admin./Records	113, 90	2	203			0			-203
Pharmacy/Lab	23	1	23	80	1	80			57
Portable X-ray			0			0			0
Specialty Clinic/Health Ed/Conf			0	150	1	150			150
Patient Holding/ Sleeping Room			0	80	1	80			80
Storage	61	1	61	80	1	80			19
HC Toilet	35	1	35	60	1	60			25
Janitor's Closet	42	1	42	30	1	30			-12
Subtotal Net Area			1038			980			-58
Circulation & Net/Gross Conv. @ 45%			308			441			133
Subtotal (GSF)			1346			1421			75
Mechanical Space @ 8%						114			114
Total Heated Space			1346			1535			189
Morgue (unheated enclosed space)									
Ext. Ramps, Stairs, Loading	As Required			30	1	30	As Required		30

Space Comparison Matrix - Current Chignik Actual SF to Denali Commission Large Clinic

Alaska Rural Primary Care Facility

Purpose / Activity	Current Clinic Actual Net SF			Large Clinic ARPCF SF			Difference		
		No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)
Arctic Entries	73, 72	2	145	50	2	100			-45
Waiting/Recep/Closet	177	1	177	170	1	170			-7
Trauma/Telemed/Exam	236	1	236	200	1	200			-36
Office/Exam	116	1	116	150	2	300			184
Admin./Records	113, 90	2	203	110	1	110			-93
Pharmacy/Lab	23	1	23	80	1	80			57
Portable X-ray			0	40	1	40			40
Specialty Clinic/Health Ed/Conf			0	150	1	150			150
Patient Holding/ Sleeping Room			0	150	1	150			150
Storage	61	1	61	120	1	120			59
HC Toilet	35	1	35	60	2	120			85
Janitor's Closet	42	1	42	30	1	30			-12
Subtotal Net Area			1038			1570			532
Circulation & Net/Gross Conv. @ 45%			308			707			399
Subtotal (GSF)			1346			2277			931
Mechanical Space @ 8%						182			182
Total Heated Space			1346			2459			1113
Morgue (unheated enclosed space)									
Ext. Ramps, Stairs, Loading	As Required			30	1	30			30
				As Required			As Required		

a. Overall space deficiencies: The size of the facility is about 1154 sf short of the ARPCF space requirements for a large clinic and 154 sf short for a small clinic.

b. Specific room deficiencies: There is no adequate vestibule, small waiting space, small toilet, no TDY, minimal exam space, minimal office and storage space, and. This in combination with other small spaces leaves the clinic very program deficient.

c. Other size issues: Mechanical room is non-existent, and there are no unheated or exterior storage areas, and circulation is through larger open central space to get to other spaces is also a problem and inefficient use of space.

2. Building Issues:
   a. Arctic Entries - The main entry is not accessible for ADA and is not wide enough for easy access with a gurney into the room. It has storage of needed materials that cannot be stored inside the facility due to lack of room. The rear entry does not meet ADA or standards for gurney access and is through a non-code complicate sliding door that does not meet egress requirements.

   b. Waiting / Reception –The waiting area contains chairs and has equipment and other items stored in the room. It also serves as the TDY room with a fold down couch.

c. Trauma/Telemed/Exam – The no trauma room is very small for all the equipment. It has a full size x-ray machine that takes up most of the room. It has a developing room off of the trauma room, a counter with sink. It does not meet all aspects or requirements.

d. Office / Exam – There one other exam room that is crowded. It has a sink and normal exam room equipment. There was no capability of putting a patient in a gurney in the rooms.

e. Administration / Records – There is one open office room space used for all administrative, records, scheduling, and other functions. It is very small and with no privacy. There is a small room off of the Administration area in the waiting room that has file cabinets for records storage. The medical records room also has the bathtub located in the room that is an inadequate use of space.

f. Pharmacy / Lab – There is a Pharmacy / Lab / supply room that is used effectively with counter, storage, desk, copier. The medicines are stored in locked cabinets.

g. Specialty Clinic / Health Education / Conference - This function is completed in the exam rooms. There is no special area.

h. Patient Holding / Sleeping Room – There is no sleeping room and a foldaway bed for itinerant staff in waiting room. The exiting does not meet code with window egress.

i. Storage – Storage is inadequate and is an impediment to safety and the operation of this clinic. There is a lack of adequate storage for needed medical supplies, files, and equipment in this facility. There is minimal storage and mostly it is in the exam rooms. There is storage in main circulation area, janitors, and other rooms.

j. HC Toilet Facilities – A single toilet room serves patients and clinic staff. Toilet room did not meet all of the ADA or UPC requirements. Entry door width was too narrow, and the toilet and sink lacked sufficient clearances and were of incorrect fixture type. There is a bathtub located in the medical records room.

k. Janitors Room – There is no exhaust air for the janitor's room as required by code. This room is used extensively as storage, laundry, and for the water heater

l. Mechanical\ room – The room is no mechanical room, building is heated from mechanical from for the entire building off of the fire truck space.

m. Ancillary Rooms – There are no ancillary rooms as all space is used to maximum capacity including storage rooms, exam rooms, toilet rooms, office, waiting room, corridors, and vestibules.

n. There is a pull down stair to the attic. The attic is used extensively for storage which is totally against all codes. The main trusses have had the vertical elements removed to allow for easier access reducing structural strength. There is substantial file storage, equipment, and supplies stored in the attic space.

3. Functional Design Issues

   This facility is functionally inadequate for its intended use. The spaces do not meet the functional size requirement, access is non-compliant, and the ability to perform required medical functions within the facility is severely hampered by lack of storage. The safety issues of lack of functional space are delineated in other sections.

4. Health Program Issues

   a. Vestibule and comfort:
      The front door of the clinic is not easily accessible. There is no ADA access or proper gurney access.

   b. Medical/Infectious Waste
      This is being handled in a very basic method and is hampered by the small non-functional facility.

   c. Infection Control
      The facility is in very poor shape, floors are worn, and base materials are non existent. There has been rotting in the walls due to the high humidity and rain migration into the structure. This leads to mold and mildew. Clean ability is hampered in the entries that are partially complete.

   d. Insect and Rodent Control
      None noted or investigated

   e. Housekeeping
      The difficulty in cleaning and housekeeping in such a congested facility is understandable and is being done at the best level currently possible.

5. Utilities

   a. Water Supply
      The water is provided by the city.

   b. Sewage Disposal
      Sewer system is provided by the septic city.

   c. Electricity
      See Electrical Narrative.

   d. Telephone
      A single phone line services the clinic and is inadequate for current needs.

   e. Fuel Oil
      The fuel system is not adequate with some leaking having occurred around the existing above ground tank. There is not protection or containment for possible spilling.

D. Architectural / Structural Condition

1. Building Construction:

   a. Floor Construction:
   The floor is wood joist system on mud sills for the clinic. The floor is likely seriously deteriorating. The first floor is very cold with no insulation. The plywood floor is spongy in numerous locations.

   b. Exterior Wall Construction:
   The walls are 2x6 furring walls in the pole construction with R-13 batt insulation. The sheathing is metal siding with poor vapor barrier and gypsum board on the interior. There are signs of rotting and deterioration around all the windows.

   c. Roof Construction:
   The roof is a full-span double wood truss with cold attic used extensively for storage. The insulation is R-11 to 13 at best and there is no ventilation. This is minimal insulation and it should be upgraded to R-60. Additional ventilation is also a requirement for energy conservation. The main vertical elements in the center of the trusses have been removed for easy storage access and have severely damaged the structural integrity of the building.

   d. Exterior Doors:
   The exterior doors are residential hollow metal and do not perform well under this heavy usage. They need replacement.

   e. Exterior Windows:
   Windows are of thermo-pane wood casement windows; they are in poor shape and need resealing. They do not meet egress codes and are too high.

   f. Exterior Decks, Stairs, and Ramps
   There arctic entries are very poorly designed and need complete replacement. The ramps are steep and do not meet code. The stairs rise and run do not meet code. All new ramps, stairs, decks and railings are required.

2. Interior Construction:

   a. Flooring:
   The flooring is Sheet Vinyl over plywood floor and in poor shape. It needs replacement with numerous cracks showing through the floor from wear.

   b. Walls:
   The walls are of 2x4 wood construction, with no sound insulation. The type of wall construction does not provide for patient privacy in any way. The finish is gypsum wallboard and is in need of repair and repaint. There are cracks in wallboard due to settlement and shifting building and leaks in the roof.

c. Ceilings:
The ceilings are gypsum wallboard; needing repair and repaint due to cracking as well.

d. Interior doors:
The interior walls are of hollow core wood construction that does not provide durability and sound attenuation. All doors need adjusting and also some hardware is missing. There has been floor shifting and two of the doors do not close properly.

e. Casework:
The upper casework is extensive and very old. The lower casework is of poor construction. Plastic laminate tops do not fit to walls and there is some damaged areas. The facility needs full replacement of casework.

f. Furnishings:
The furnishings are very old and worn. There are old chairs in the waiting room and a variety of mismatched and old desks, chairs, and tables for other use. The exam tables are older as well.

g. Insulation:

Floor Insulation	R-0
Wall Insulation	R-13
Attic/Roof Insulation	R-13
Attic Ventilation	NONE

h. Tightness of Construction:
The building is poor overall construction, with many leaks in construction system at doors, floor, roof, and sills. Lack of vestibules also makes heating difficult.

i. Arctic Design:
The vestibules exist, but are very poorly constructed, orientation is OK, and siting of the clinic is good.

3. Structural

a. Foundations
The foundation is wood poles in the ground and mud sills over a gravel pad and is in poor structural condition. Some settlement has occurred with stress cracks in the walls and ceilings.

b. Walls and Roof:
The walls and roof seem in very poor condition. The walls have signs of severe rotting due to the high moisture climate and poor sealing of the exterior of the building. Additionally, the roof structure has been cut at the main trusses and is in very unstable condition and needs immediate repair or replacement.

c. Stairs, Landings, and Ramps
Complete replacement to meet standards. Use of pressure treated material is mandatory in this climate.

E. Mechanical Condition

1. Heating System
   a. Fuel Storage and Distribution
      The clinic's heating fuel oil storage tank is located adjacent to the building and not a minimum of 5 ft. as required by code. The 500-gallon storage tank does not have the proper venting, piping, or valving as required by code.

   b. Oil-Fired Heaters
      Two residential grade, oil-fired, "Toy stoves" provide heating for the entire clinic. The heaters are in good condition and do provide the required heating needs of the Health Clinic. The exhaust and combustion air opening for the heater is provided in the intake and exhaust kits mounted on the outside wall.

2. Ventilation System
   a. System
      There is no mechanical ventilation system. Ventilation is by operable windows. The windows do not open easily and as such do not provide effective ventilation. The shower room does not have an operable window and as such has no ventilation.

   b. Exhaust Air
      A ceiling mounted exhaust fan services the toilet room. This fan is not ducted outside, but is ducted into the attic space. The janitor's room and shower room are not provided with exhaust fans.

3. Plumbing System
   The clinic's water and sewer service does freeze during the coldest days of the winter. The plumbing fixtures are not operational during this time because of this problem.

   a. Water System
      The water system plumbing is typical ½" and ¾" copper distribution piping to the clinic exam sinks and toilet fixtures.

   b. Sewer System
      City sanitary sewer provides the needs of the clinic.

   c. Fixtures
      The toilet room plumbing fixtures are not ADA approved or UPC code compliant for barrier free access. The janitor's sink is not provided with a code required vacuum breaker.

   d. Water Heater
      The electric water heater is installed in the laundry room. Access to the water heater is limited. The water heater has not been provide with code required dielectric unions nor is the relief valve piped to the floor.

F. Electrical Condition

1. Electrical Service
   a. Electrical service is an overhead connection to the building with 120/240V single-phase power from the serving utility power line (Chignik Electric). The meter is a Sangamo SN 69571181 CL200 3W Type J5S

   b. The utility's service drop is attached to the building with rope. This should be corrected as soon as possible.

   c. It is apparent from the pictures that there are a number of problems with this service equipment arrangement. The 100A fused switch on the outside near the meter socket would feed the x-ray equipment and would have to be tapped from the meter socket. The meter socket also would have to feed the 200A panel inside the building. This violates NEC 230-71 regarding grouping of disconnects. And violates NEC 230-70(b) because they are not marked.

2. Power Distribution
   a. Panel A appears to be fed from the meter with 4/0 Al. Panel A is a 30 circuit panel with more than 50% spare. It has the main circuit breaker for the service located within it.

   b. The feeder to the X-ray is tapped from the meter and run thru a 100A fused switch. The feeder appears to be 60A Al USE Cable runs in conduit which would not be adequately overcurrent protected by 100A fuses.

   c. Panel A is mounted on the back wall of a storage room. Adequate clearance is not provided. NEC110-26(b).

   d. Non-metallic sheathed cable (Romex) is used for the branch circuit wiring. Patient care areas need to be wired in metal raceways. NEC 517-13(a) and (b).

   e. Panel directory is not filled out. Circuit breakers are not identified.

3. Grounding System
   Grounding of Electrical Systems
   a. All of the neutrals and grounds are tied together in Panel A, effectively eliminating a functional grounding system. (NEC Article250)

   b. Metal enclosures for service conductors and equipment are not grounded. NEC 250-80.

   Grounding of Electrical Equipment
   c. The antenna is not grounded. NEC 820-40(d)

4. Exterior Elements
   a. Exterior lighting is provided by a mercury vapor yard light. It is not adequate for ADA ramp coverage.

   b. The single exterior power receptacle is not GFI protected. NEC210-8(b).

5. Wiring devices
   a. Receptacles are residential grounding type, not hospital grade. NEC 517-18(b)

   b. Interior device plates are non-metallic ivory decorator plates.

   c. There are an inadequate number of receptacles. NEC 210-52(a) 210-60.

6. Lighting
   a. The lighting is predominately 2x4 fluorescent T12 (4) lamp surface wrap troffers. The fixtures are old, dirty, with paint spattered and cracked lens. There is not enough lighting in the exam rooms. These fixtures should be upgraded to T8 with electronic ballasts for energy efficiency.

7. Emergency System
   a. Emergency Exit signs are provided.

   b. Egress Lighting. Battery powered emergency lights for egress and task illumination is provided.

8. Fire Alarm System
   a. The building has no fire alarm system.

   b. Battery operated smoke detectors are provided in the hallway only. Protection should be provided by building power and independent battery operated smoke detectors in each room. Smoke detectors should be interconnected and attached to building power. There should be audio/visual enunciators. ADA 4.28 and UBC 1105.4.5 Units and sleeping areas require visual alarm. (ADA 4.28.4) People do spend the night in this clinic. Restrooms, general usage areas, hallways, lobbies require audible and visual alarms (ADA 4.28) Also UBC 1105.4.5)

9. Telecommunication
   a. Telephone service enters a weatherproof protection test block on the exterior of the building. Telephone service is provided by ACS, ATT and GCI.

   b. There is no telephone switch. The outlets in for voice wiring is inadequate.

   c. The building is not wired for Computer local area network LAN Cat 5. (EIA/TIA)

10. Energy Management
    a. Several areas have inefficient incandescent lighting. Many areas could use occupancy sensors for energy management. Exterior lighting could use photocell control.

G. Civil / Utility Condition

1. Location of building
   a. Patient Access
      Located in the relative center of the village for ease of access and seems to work fine. It is on the road to the airport which is an advantage.

   b. Service Access
      Road access is provided to front and rear ambulance entry. Ramps and stairs are required and currently do not comply.

   c. Other Considerations:
      The facility is located on a sloping site and does not easily allow for expansion. The property lines are not close to the building and need investigation to expand.

2. Site Issues
   a. Drainage
      Drainage from the site is adequate with gravel materials.

   b. Snow
      There does not appear to be a snow-drifting problem as the facility sits in the open.

3. Proximity of adjacent buildings
   There are adjacent property lines that are too close for any expansion. There is not adequate space for any expansion on the current site.

4. Utilities
   a. Water Supply
      The water supply is provided by the city.

   b. Sewage Disposal
      Sewage disposal is by the city.

   c. Electricity
      Power from Village system via overhead wire. See Photos

   d. Telephone
      Overhead phone with only one phone connection, requiring fax and phone on same line.

H. Existing Facility Floor Plan (Site Plans, New Clinic Plans, Regional Map):

We have attached drawings, as we have been able to identify, find, or create as part of this report. We have endeavored to provide all drawings for all the sites; however, in some cases exact existing site plans were not available. We have provided as indicated below:

A1.1 Existing Site Plan is attached if available

A1.2 Existing Facility Floor Plan is attached following.

A1.3 The Existing typical wall section is attached following as required by the report guidelines.

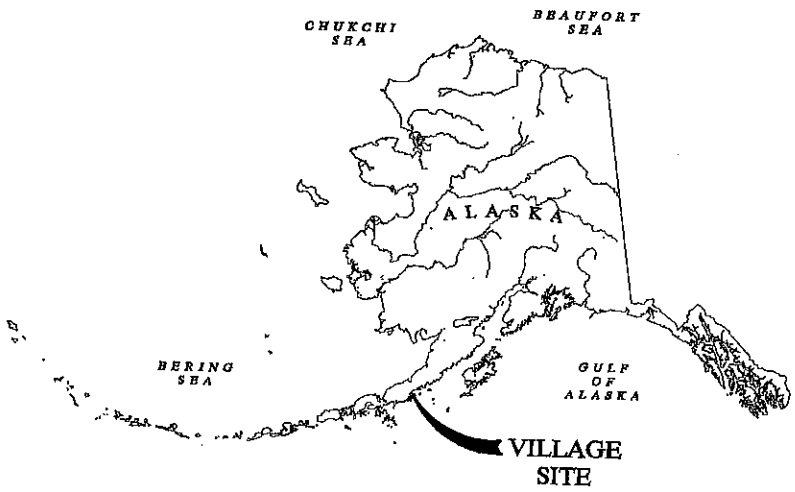
A2.1 The Addition to the Existing Facility as required to meet Small Clinic ARPCF Space Guidelines is attached following.

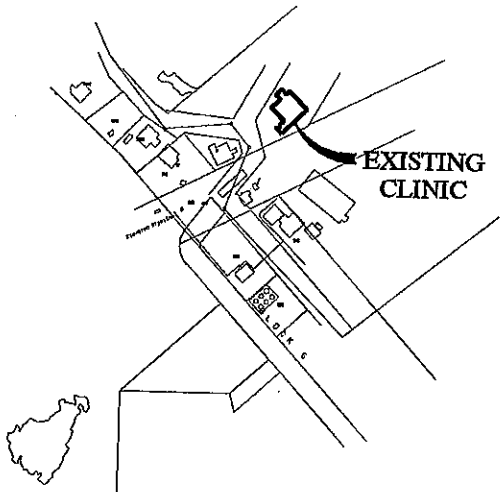
A2.2 The Addition to the Existing Facility as required to meet Large Clinic ARPCF Space Guidelines is attached following.

A3.1 The New Clinic Site plan is attached as proposed based on the community input.

A3.2 The New Denali Commission Clinic Floor Plan meeting the Small ARPCF Space Guidelines and proposed for this location is attached.

A3.3 The New Denali Commission Clinic Floor Plan meeting the Large ARPCF Space Guidelines and proposed for this location is attached.

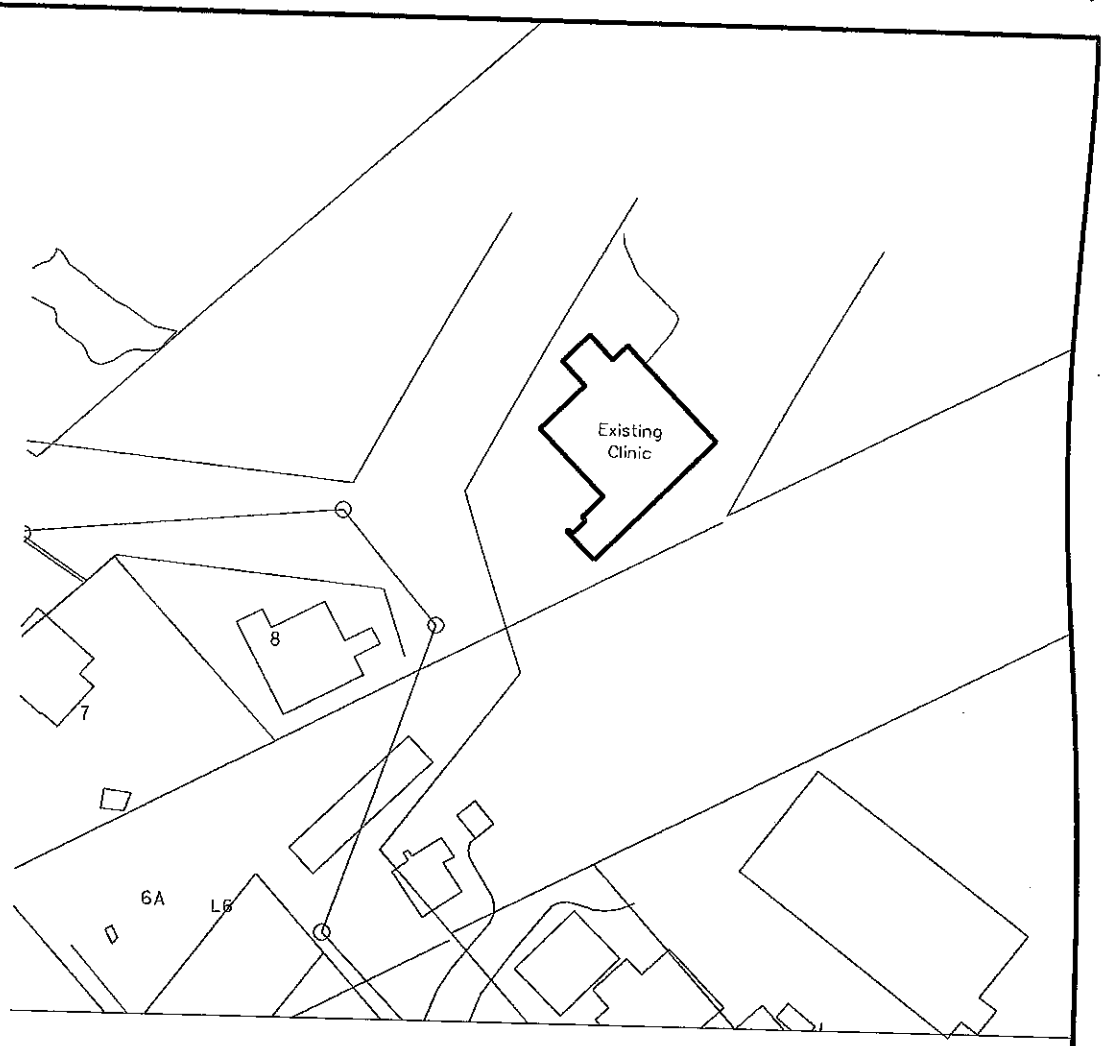




Vicinity Plan

Scale: 1" = 250'

N



Existing Site Plan

Scale: 1" = 50'

0 20' 40' 80'

N

Chignik Bay, Alaska

DENALI COMMISSION ALASKA

Winchester Alaska, Inc.
Architects & Planners
645 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
jwinchester@winchesteralaska.com
http://www.winchesteralaska.com/

STATE OF ALASKA 49TH
Gerald L. Winchester NO.5187-A
REGISTERED PROFESSIONAL ARCHITECT

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

For The Denali Commission

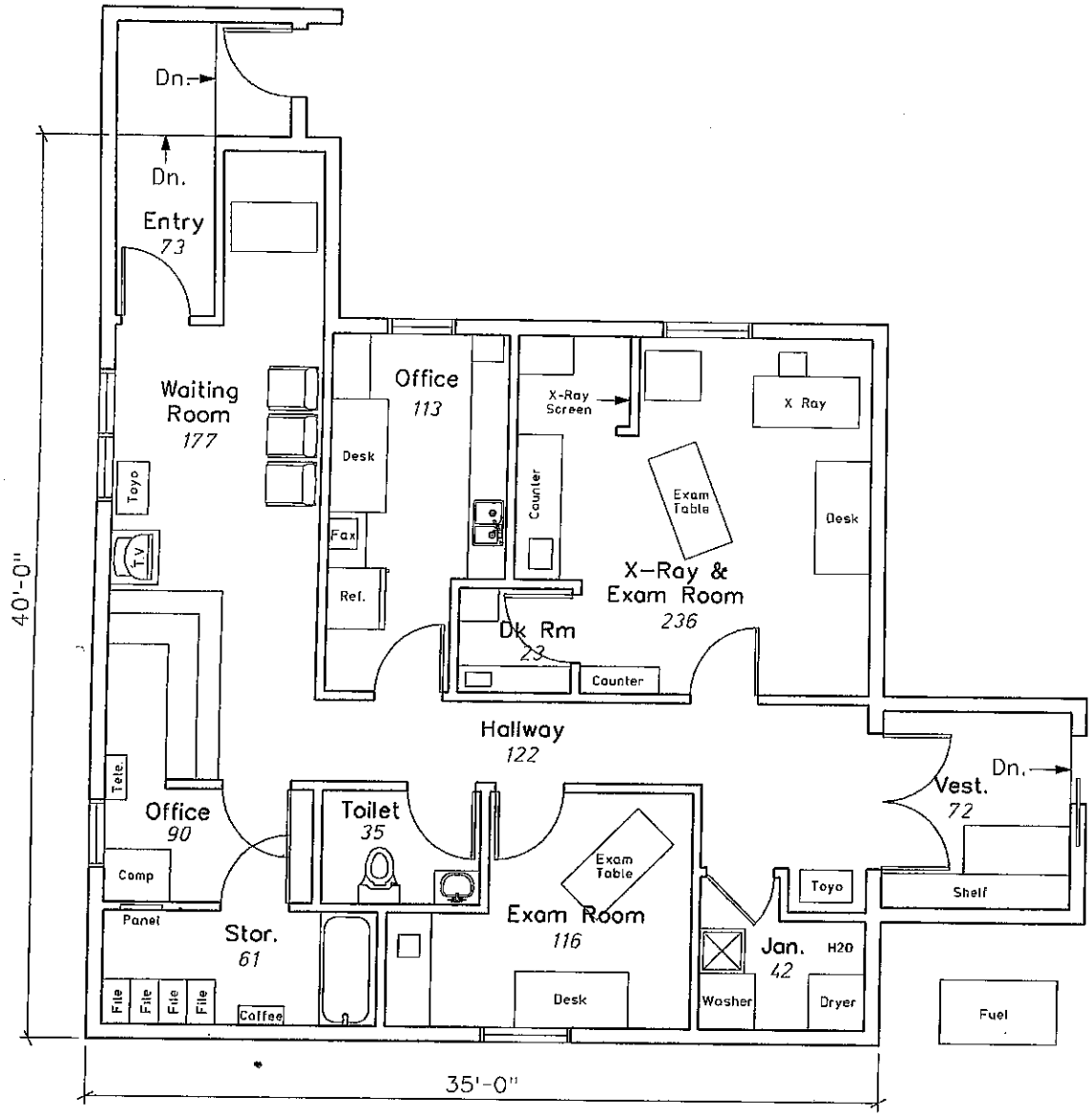
YUKON--KUSKOKWIM HEALTH CORP
CHIGNIK BAY, ALASKA

Sheet Contents

EXISTING CHIGNIK BAY CLINIC VICINITY & SITE PLANS

Drawn	Date
DT Company	2/27/2002
Checked	Job No.
G.L.W.	010502

Sheet #: A1.1



Existing Chignik Bay Clinic Floor Plan

Scale: 1/8" = 1'-0"

1,346 Sf.

0 2' 4' 8'

Winchester Alaska, Inc.
Architects & Planners
645 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
jwinchester@winchesteralaska.com
http://www.winchesteralaska.com/

Gerald L. Winchester
AK 5187-A
REGISTERED PROFESSIONAL ARCHITECT
STATE OF ALASKA
49TH

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

For The Denali Commission

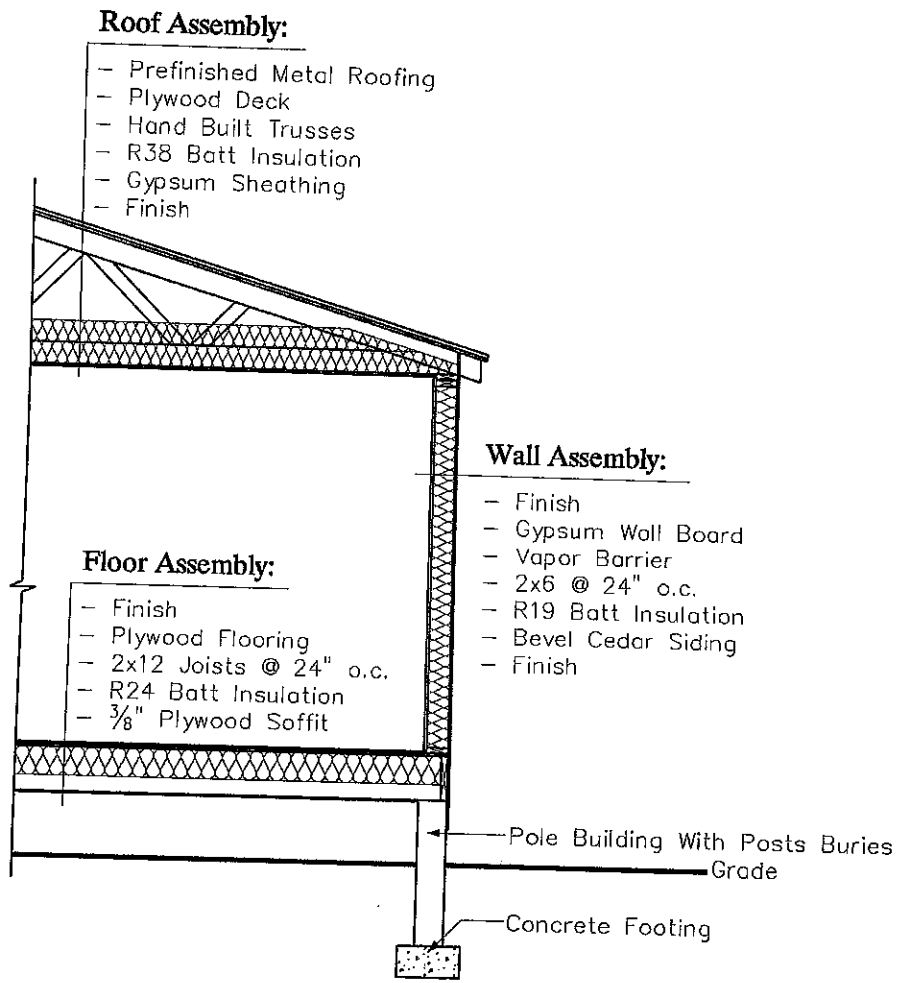
YUKON–KUSKOKWIM HEALTH CORP
CHIGNIK BAY, ALASKA

Sheet Contents

EXISTING CHIGNIK BAY CLINIC FLOOR PLAN

Drawn	Date
DT Company	2/27/2002
Checked	Job No.
G.L.W.	010602

Sheet #: A1.2



Existing Chignik Bay Clinic Wall Section

Scale: 1/4" = 1"-0"

0 1' 2' 4'

DENALI COMMISSION ALASKA

Winchester Alaska, Inc.
Architects & Planners
645 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
jwinchester@winchesteralaska.com
http://www.winchesteralaska.com/

STATE OF ALASKA 49TH
Gerald L. Winchester NO.5187-A
REGISTERED PROFESSIONAL ARCHITECT

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

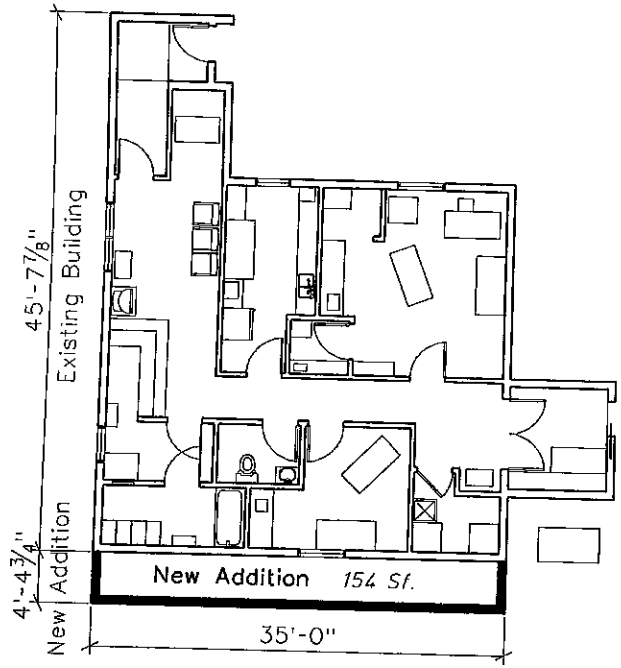
For The Denali Commission

YUKON-KUSKOKWIM HEALTH CORP
CHIGNIK BAY, ALASKA

Sheet Contents
EXISTING CHIGNIK BAY CLINIC WALL SECTION

Drawn	Date
DT Company	2/27/2002
Checked	Job No.
G.L.W.	010602

Sheet #: A1.3



New Addition Chignik Bay Clinic Floor Plan

Scale: 1/16" = 1"-0"

0 4' 8' 16'

154 Sf. + 1,346 Sf. = 1,500 Sf.

DENALI COMMISSION ALASKA

Winchester Alaska, Inc.
Architects & Planners
645 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
jwinchester@winchesteralaska.com
http://www.winchesteralaska.com/

STATE OF ALASKA 49TH
Gerald L. Winchester NO. 5127-A
REGISTERED PROFESSIONAL ARCHITECT

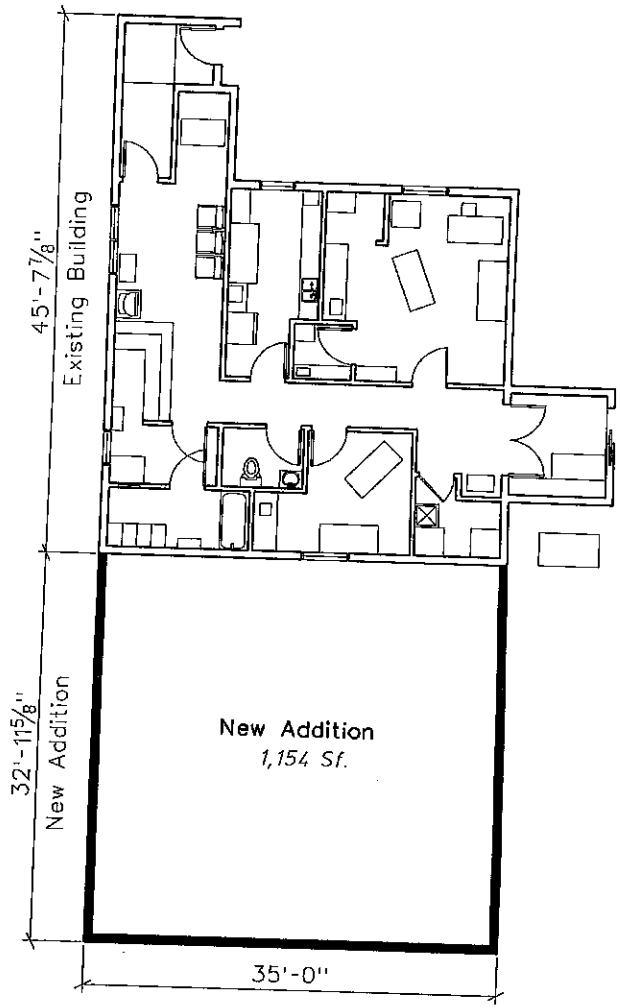
ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

For The Denali Commission

YUKON-KUSKOKWIM HEALTH CORP
CHIGNIK BAY, ALASKA

Sheet Contents
NEW ADDITION CHIGNIK BAY CLINIC FLOOR PLAN

Drawn	Date	Sheet #:
DT Company	2/27/2002	A2.1
Checked G.L.W.	Job No. 010602	



New Addition Chignik Bay Clinic Floor Plan

Scale: 1/16" = 1'-0"

0 4' 8' 16'

1,154 Sf. + 1,346 Sf. = 2,500 Sf.

DENALI COMMISSION ALASKA

Winchester Alaska, Inc.
Architects & Planners

845 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
jwinchester@winchesteralaska.com
http://www.winchesteralaska.com/

STATE OF ALASKA 49TH
Gerald L. Winchester NO.5187-A
REGISTERED PROFESSIONAL ARCHITECT

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

For The Denali Commission

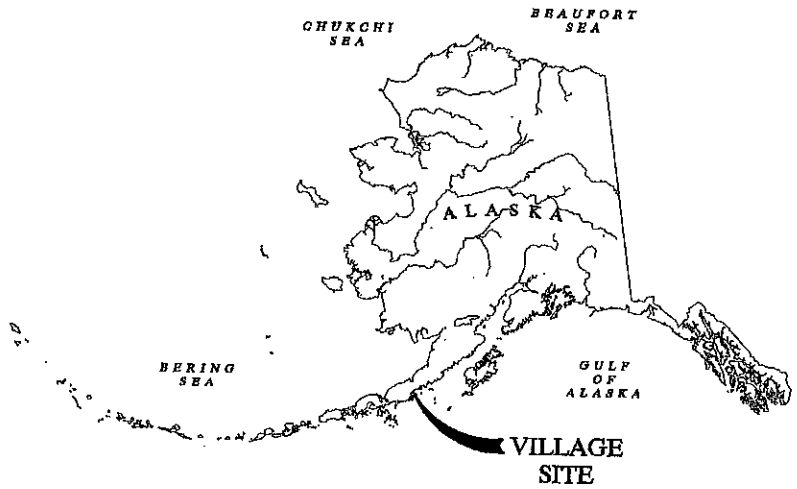
YUKON–KUSKOKWIM HEALTH CORP
CHIGNIK BAY, ALASKA

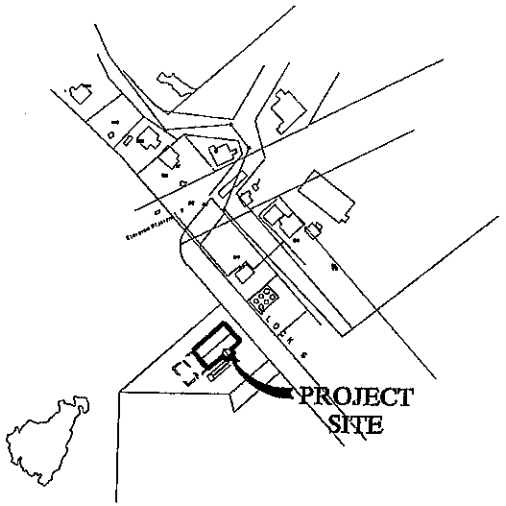
Sheet Contents

NEW ADDITION CHIGNIK BAY CLINIC FLOOR PLAN

Drawn	Date
DT Company	2/27/2002
Checked	Job No.
G.L.W.	010602

Sheet #: A2.2

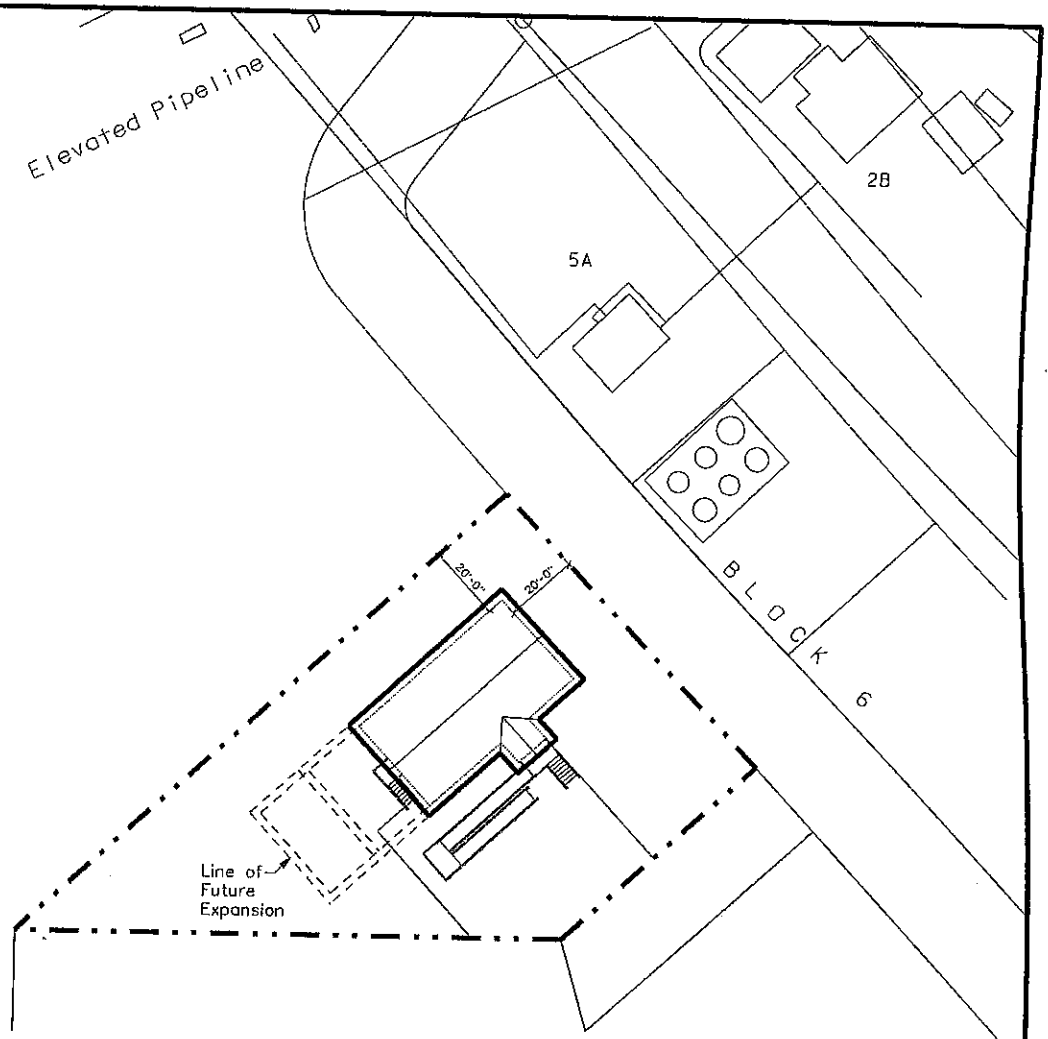




Vicinity Plan

Scale: 1" = 250'

N



New Site Plan

Scale: 1" = 50'

0 20' 40' 80'

N

Chignik Bay, Alaska

DENALI COMMISSION ALASKA

Winchester Alaska, Inc.
Architects & Planners
645 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
jwinchester@winchesteralaska.com
http://www.winchesteralaska.com/

STATE OF ALASKA 49TH
Gerald L. Winchester NO.5187-A
REGISTERED PROFESSIONAL ARCHITECT

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

For The Denali Commission

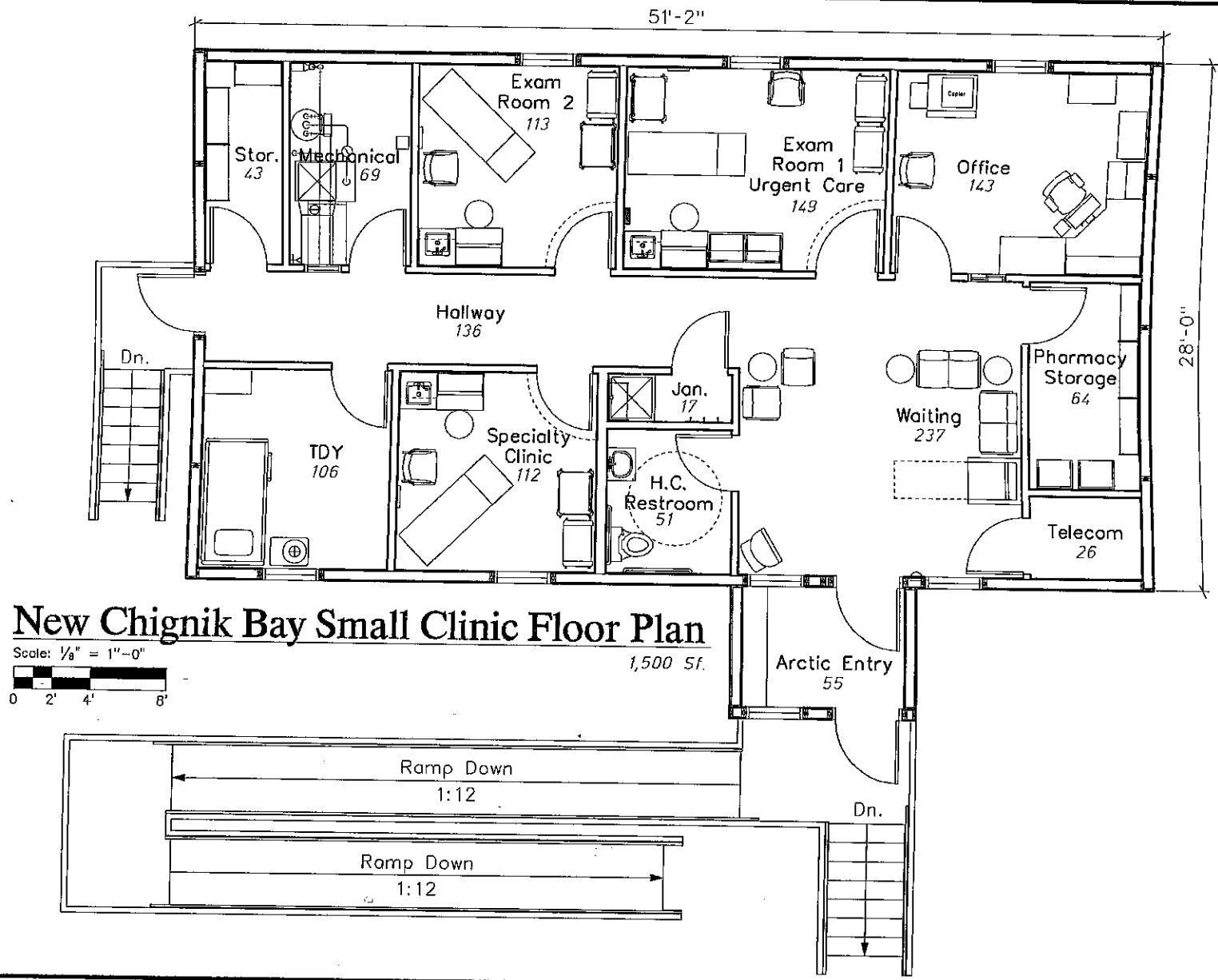
YUKON-KUSKOKWIM HEALTH CORP
CHIGNIK BAY, ALASKA

Sheet Contents

NEW CHIGNIK BAY CLINIC VICINITY & SITE PLANS

Drawn	Date
DT Company	2/27/2002
Checked	Job No.
G.L.W.	010602

Sheet #: A3.1



New Chignik Bay Small Clinic Floor Plan

1,500 Sf.

Scale: 1/8" = 1"-0"

0 2' 4' 8'

DENALI COMMISSION ALASKA

Winchester Alaska, Inc.
Architects & Planners
645 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
jwinchester@winchesteralaska.com
http://www.winchesteralaska.com/

STATE OF ALASKA 49TH
Gerald L. Winchester NO.5187-A
REGISTERED PROFESSIONAL ARCHITECT

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

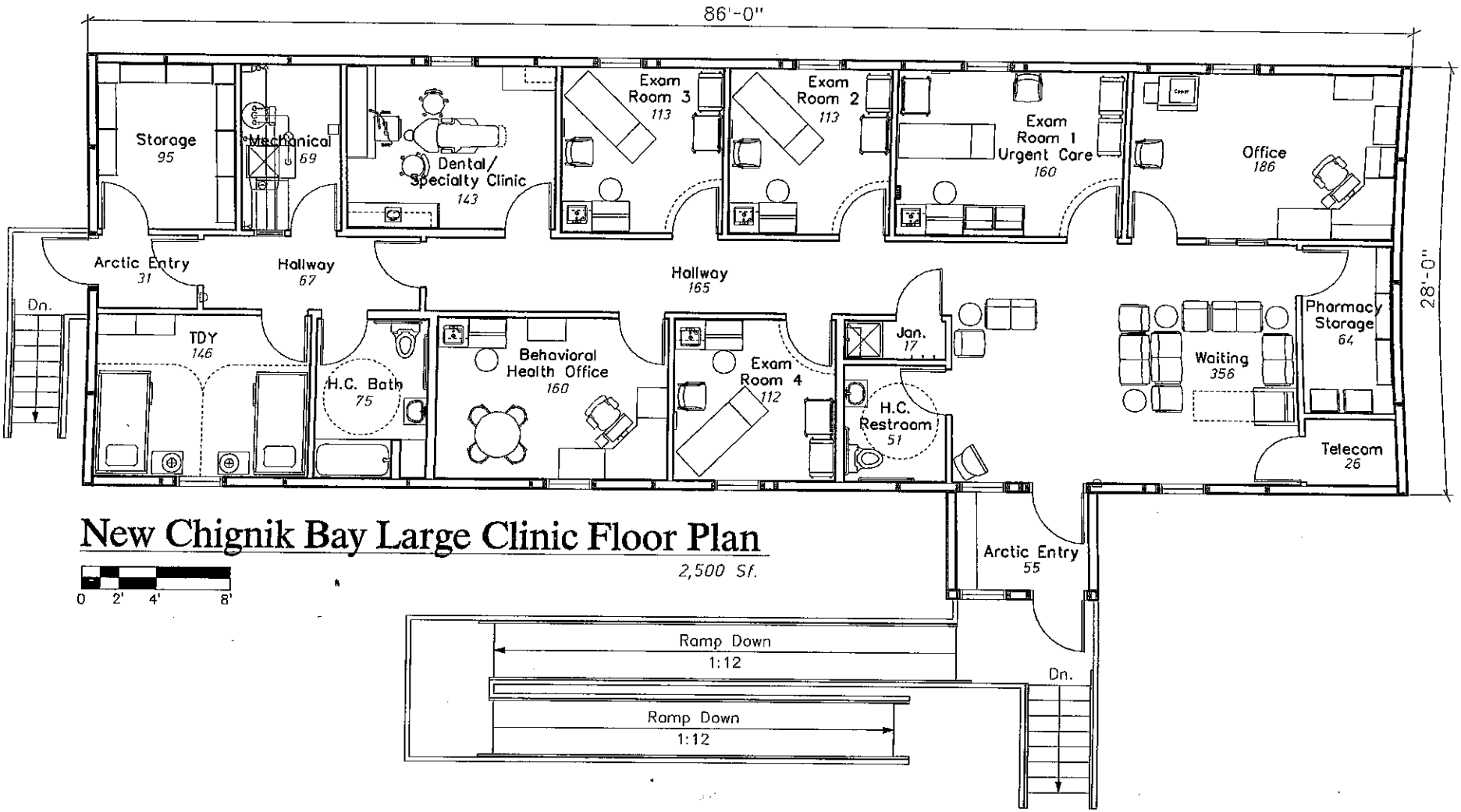
For The Denali Commission

YUKON-KUSKOKWIM HEALTH CORP
CHIGNIK BAY, ALASKA

Sheet Contents
NEW CHIGNIK BAY SMALL CLINIC FLOOR PLAN

Drawn	Date
DT Company	2/17/2002
Checked	Job No.
G.L.W.	010502

Sheet #: A3.2



New Chignik Bay Large Clinic Floor Plan

2,500 Sf.

Winchester Alaska, Inc.
Architects & Planners
645 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
jwinchester@winchesteralaska.com
http://www.winchesterplaska.com/

STATE OF ALASKA 49TH
Donald L. Winchester
NO.5187-A
REGISTERED PROFESSIONAL ARCHITECT

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

For The Denali Commission

YUKON-KUSKOKWIM HEALTH CORP
CHIGNIK BAY, ALASKA

Sheet Contents

NEW CHIGNIK BAY
LARGE CLINIC FLOOR PLAN

Drawn	Date
DT Company	2/17/2002
Checked	Job No.
G.L.W.	010602

Sheet #: A3.3

IV. Deficiency Evaluation

A. Deficiency Codes:

The deficiencies are categorized according to the following deficiency codes to allow the work to be prioritized for funding. The codes are as follows:

01 Patient Care: Based on assessment of the facilities ability to support the stated services that are required to be provided at the site. Items required for the patients social environment such as storage, privacy, sensitivity to age or developmental levels, clinical needs, public telephones and furnishings for patient privacy and comfort.

02 Fire and Life Safety: These deficiencies identify areas where the facility is not constructed or maintained in compliance with provisions of the state mandated life safety aspects of building codes including the Uniform Building Code, International Building Code, The Uniform Fire Code, NFPA 101, The Uniform Mechanical and Plumbing Codes and The National Electrical Code. Deficiencies could include inadequacies in fire barriers, smoke barriers, capacity and means of egress, door ratings, safe harbor, and fire protection equipment not covered in other deficiency codes.

03 General Safety: These deficiencies identify miscellaneous safety issues. These are items that are not necessarily code items but are conditions that are considered un-safe by common design and building practices. Corrective actions required from lack of established health care industry safety practices, and local governing body code safety requirements. I.e. Occupational Safety Health Administration (OSHA) codes & standards.

04 Environmental Quality: Deficiencies based on Federal, State and Local environmental laws and regulations and industry acceptable practices. For example this addresses DEC regulations, hazardous materials and general sanitation.

05 Program Deficiencies: These are deficiencies that show up as variations from space guidelines evaluated through industry practices and observation at the facility site and documented in the facility floor plans. These are items that are required for the delivery of medical services model currently accepted for rural Alaska. This may include space modification requirements, workflow pattern improvements, functional needs, modification or re-alignment of existing space or other items to meet the delivery of quality medical services. (Account for new space additions in DC 06 below)

06 Unmet Supportable Space Needs: These are items that are required to meet the program delivery of the clinic and may not be shown or delineated in the Alaska Primary Care Facility Space Guideline. Program modifications requiring additional supportable space directly related to an expanded program, personnel or equipment shall be identified in this section; for example additional dental space, specialty clinic, storage, or program support space that requires additional space beyond the established program.

07 Disability Access Deficiencies: The items with this category listing are not in compliance with the Americans with Disabilities Act. This could include non-compliance with accessibility in parking, entrances, toilets, drinking fountains, elevators, telephones, fire alarm, egress and exit access ways, etc.

08 Energy Management: These deficiencies address the efficiency of lighting, heating systems/fuel types and the thermal enclosures of buildings, processes, and are required for energy conservation and good energy management.

09 Plant Management: This category is for items that are required for easy and cost efficient operational and facilities management and maintenance tasks of the physical plant.

10 Architectural M&R: Items affecting the architectural integrity of the facility, materials used, insulation, vapor retarder, attic and crawlspace ventilation, general condition of interiors, and prevention of deterioration of structure and systems.

11 Structural Deficiencies: These are deficiencies with the fabric of the building. It may include the foundations, the roof or wall structure, the materials used, the insulation and vapor retarders, the attic or crawl space ventilation and the general condition of interior finishes. Foundation systems are included in this category.

12 Mechanical Deficiencies: These are deficiencies in the plumbing, heating, ventilating, air conditioning, or medical air systems, interior mechanical utilities, requiring maintenance due to normal wear and tear that would result in system failure.

13 Electrical Deficiencies: These are deficiencies with normal or emergency power, electrical generating and distribution systems, interior electrical and communications utilities, fire alarm systems, power systems and communications systems within a building that should be repaired or replaced on a recurring basis due to normal wear and tear that would otherwise result in system failure.

14 Utilities M&R: This category is used for site utilities for incoming services to facilities that are required for the building to be fully operational. Deficiencies may include sewer and water lines, water wells, water tanks, natural gas and propane storage, electric power and telecommunications distribution, etc.

15 Grounds M&R: Real property grounds components that should be replaced on a recurring basis due to normal wear and tear. Deficiencies with respect to trees, sod, soil erosion, lawn sprinklers, parking, bridges, pedestrian crossings, fences, sidewalks & roadways, and site illumination etc. are considerations.

16 Painting M&R: Any painting project that is large enough to require outside contractors or coordination with other programs.

17 Roof M&R: Deficiencies in roofing, and related systems including openings and drainage.

18 Seismic Mitigation: Deficiencies in seismic structural items or other related issues to seismic design, including material improperly anchored to withstand current seismic requirements effect. The elements under consideration should include the cost incidental to the structural work like architectural and finishes demolition and repairs.

B. Photographs:

We have provided photographs attached which are noted to describe the various deficiencies described in the narratives and itemized in the summary below. The photos do not cover all deficiencies and are intended to provide a visual reference to persons viewing the report who are not familiar with the facility.

We have included additional photos as Appendix B for general reference. These are intended to add additional information to the specific deficiencies listed and to provide general background information.

C. Cost Estimate General Provisions

1. New Clinic Construction

a. Base Cost: The Base Cost provided in Section VI of this report is the direct cost of construction, inclusive of general requirements (described below) and contingency for design unknowns (an estimating contingency). The base cost is exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The Project Factors and Area Cost Factor are multipliers of the base costs.

- General Requirements are based on Anchorage costs without area adjustment. It is included in the Base Cost for New Clinics. These costs are indirect construction cost not specifically identifiable to individual line items. It consists of supervision, materials control, submittals and coordination, etc.
- The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned.

b. Project Cost Factors

- Equipment Costs for new medical equipment has been added at 17% of the cost of new floor space.
- Design Services is included at 10% to cover professional services including engineering and design.
- Construction Contingency is included at 10% of the Base Costs to cover changes encountered during construction.
- Construction Administration has been included at 8% of the Base Costs. This is for monitoring and administration of the construction contract.

c. Area Cost Factor: The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire costs, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each village, following the site visit, and were modified, if necessary.

d. Estimated Total Project Cost of New Building: This is the total estimated cost of the project, including design services. The construction contract will be work subject to Davis Bacon wages, and assumes construction before year-end 2001. No inflation factor has been applied to this data.

2. Remodel, Renovations, and Additions

a. Base Cost: The Base Cost provided in the specific deficiency sheets is the direct cost of construction, exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Most of the deficiency items do not constitute projects of sufficient size to obtain efficiency of scale. The estimate assumes that the projects are completed either individually, or combined with other similar projects of like scope. The numbers include moderate allowances for difficulties encountered in working in occupied spaces and are based on remodeling rather than on new construction costs. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The General Requirements, Design Contingency and Area Cost Factors are multipliers of the base costs.

- The cost of Additions to clinics is estimated at a unit cost higher than new clinics due to the complexities of tying into the existing structures.
- Medical equipment is calculated at flat rate of approximately $32 which is the same amount as used for Equipment for New Clinic Construction. It is included as a line item in the estimate of base costs.

b. General Requirements Factor: General Requirements Factor is based on Anchorage costs without area adjustment. The factor is 1.20. It is multiplied by the Base Cost to get the project cost, exclusive of planning, architecture, engineering and administrative costs. This factor assumes projects include multiple deficiencies, which are then consolidated into single projects for economies of scale.

c. Area Cost Factor: The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire costs, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each village, following the site visit, and were modified, if necessary.

d. Contingency for Design Unknowns (Estimating Contingency): The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned. The factor used is 1.15.

e. Estimated Total Cost: This is the total estimated bid cost for work completed under Davis Bacon wage contracts, assuming construction before year-end 2001. This is the number that is entered in the front of the deficiency form. No inflation factor has been applied to this data.

f. Project Cost Factors: Similar to new clinics, the following project factors have been included in Section VI of this report.

- Design Services is included at 10% to cover professional services including engineering and design.

- Construction Contingency is included at 10% of the Base Costs to cover changes encountered during construction.
- Construction Administration has been included at 8% of the Base Costs. This is for monitoring and administration of the construction contract.

g. Estimated Total Project Cost of Remodel/Addition: This is the total estimated cost of the project including design services, the construction contract cost for work completed under Davis Bacon wages and assuming construction before year-end 2001. No inflation factor has been applied to this data.

V. Summary of Existing Clinic Deficiencies

The attached sheets document the deficiencies; provide recommendations on how to make repairs or accommodate the needs and provide a cost estimate to accomplish the proposed modifications. The summary addresses individual deficiencies. If all deficiencies were to be addressed in a single construction project there would be cost efficiencies that are not reflected in this tabulation.

These sheets are reports from the Access Data Base of individual Deficiencies that are compiled on individual forms and attached for reference.

Refer to Section VI. New Clinic Analysis for a comparison of remodel/addition to new construction.

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Bristol Bay Area Health Corporation

(Summary Listing of Deficiencies by Code)

Clinic: **41** **Chignik** 2500 SF

Deficiency Code		Reference	Work Description	Cost
01	Patient Care	A02	Renovation Existing Clinic Space	$142,965.00
01	Patient Care	A05	Provide access to Trauma room, doors and New Vestibules	$28,102.00
01	Patient Care	A06	Provide new bath facilites	$18,880.00
01	Patient Care	A10	New finish flooring, base and trim	$9,636.00
01	Patient Care	A11	Replace/add, cabinets, casework, & sinks	$9,407.00
01	Patient Care	A18	Provide interior access to Trauma Room	$5,188.00
01	Patient Care	A28	Walls repair	$25,057.00
02	Fire/Life Safety	A03	Add and Replace front steps,landings, and railings	$26,557.00
02	Fire/Life Safety	A04	Upgrade and renovate roof structural system, post cut, system failing	$10,033.00
02	Fire/Life Safety	A08	Floor is not level, doors dragging	$22,218.00
02	Fire/Life Safety	A16	Shelving for storage of Medical Items	$4,978.00
02	Fire/Life Safety	A17	Replace window with suffcient size and height	$12,812.00
02	Fire/Life Safety	A19	Complete work in unfinished areas of building	$21,133.00
02	Fire/Life Safety	A21	Storage room upgrading and patching	$2,617.00
02	Fire/Life Safety	A22	Remove storage from Attic space and provide other storage	$40,830.00
02	Fire/Life Safety	A23	Proximity of buildings to existing Clinic	$5,702.00
02	Fire/Life Safety	A24	Floor/foundation system, lateral bracing	$114,848.00
02	Fire/Life Safety	A27	Exposed urethan foam materials	$2,324.00

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Bristol Bay Area Health Corporation

(Summary Listing of Deficiencies by Code)

02	Fire/Life Safety	KCG08	Fire Alarm System	$6,739.00
02	Fire/Life Safety	M08	Fuel oil storage tank and piping	$1,802.00
04	Environmental Qualit	A09	Replace all ceiling systems	$26,886.00
04	Environmental Qualit	A13	Add roof insulation	$10,144.00
06	Supportable Space N	A01	Add 1154 SF of program space for size of Village.	$536,461.00
07	Disablilty Access	A07	Provide toilet facilities to meet ADA	$6,133.00
07	Disablilty Access	A12	Replace interior doors & hardware	$22,970.00
07	Disablilty Access	A14	Replace exterior doors	$8,340.00
10	Architectural M & R	A25	Provide for attic ventilation	$3,630.00
11	Structural M & R	A26	Exterior wall is rotting due to water infiltration	$10,152.00
12	Mechanical M & R	M01	Clinic water and sewer service	$6,214.00
12	Mechanical M & R	M02	Non ADA plumbing fixtures used in restroom	$2,170.00
12	Mechanical M & R	M03	Vacuum breaker at janitor's service sink	$299.00
12	Mechanical M & R	M04	Piped relief valve at the water heater	$283.00
12	Mechanical M & R	M05	Water heater dielectric unions	$71.00
12	Mechanical M & R	M06	Ductwork for exhaust fan	$823.00
12	Mechanical M & R	M07	Exhaust air in janitor's room and shower room	$1,988.00
13	Electrical M & R	KCG01	Service Deficiencies	$2,934.00
13	Electrical M & R	KCG02	Power Distribution	$1,399.00
13	Electrical M & R	KCG03	Wiring System	$2,668.00
13	Electrical M & R	KCG04	Grounding System	$4,909.00
13	Electrical M & R	KCG05	Wiring Devices	$2,833.00

13	Electrical M & R	KCG06	Exterior Elements	$1,301.00
13	Electrical M & R	KCG07	Lighting	$5,055.00
13	Electrical M & R	KCG09	Telecommunications	$5,460.00
16	Painting M & R	A15	Re-caulk, seal, & paint and finish exterior of building	$1,514.00
17	Roof M & R	A20	Roofing is leaking	$6,833.00

Code / Conditions Subtotal:	**$503,872.00**
Remodel Subtotal:	**$142,965.00**
Addition Subtotal:	**$536,461.00**
Clinic Total:	**$1,183,298.00**

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Bristol Bay Area Health Corporation

(Summary Listing of Deficiencies by Code)

Clinic: **41** **Chignik** 1500 SF

Deficiency Code		Reference	Work Description	Cost
01	Patient Care	A02	Renovation Existing Clinic Space	$142,965.00
01	Patient Care	A05	Provide access to Trauma room, doors and New Vestibules	$28,102.00
01	Patient Care	A06	Provide new bath facilites	$18,880.00
01	Patient Care	A10	New finish flooring, base and trim	$9,636.00
01	Patient Care	A11	Replace/add, cabinets, casework, & sinks	$9,407.00
01	Patient Care	A18	Provide interior access to Trauma Room	$5,188.00
01	Patient Care	A28	Walls repair	$25,057.00
02	Fire/Life Safety	A03	Add and Replace front steps,landings, and railings	$26,557.00
02	Fire/Life Safety	A04	Upgrade and renovate roof structural system, post cut, system failing	$10,033.00
02	Fire/Life Safety	A08	Floor is not level, doors dragging	$22,218.00
02	Fire/Life Safety	A16	Shelving for storage of Medical Items	$4,978.00
02	Fire/Life Safety	A17	Replace window with suffcient size and height	$12,812.00
02	Fire/Life Safety	A19	Complete work in unfinished areas of building	$21,133.00
02	Fire/Life Safety	A21	Storage room upgrading and patching	$2,617.00
02	Fire/Life Safety	A22	Remove storage from Attic space and provide other storage	$40,830.00
02	Fire/Life Safety	A23	Proximity of buildings to existing Clinic	$5,702.00
02	Fire/Life Safety	A24	Floor/foundation system, lateral bracing	$114,848.00
02	Fire/Life Safety	A27	Exposed urethan foam materials	$2,324.00

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Bristol Bay Area Health Corporation

(Summary Listing of Deficiencies by Code)

02	Fire/Life Safety	KCG08	Fire Alarm System	$6,739.00
02	Fire/Life Safety	M08	Fuel oil storage tank and piping	$1,802.00
04	Environmental Qualit	A09	Replace all ceiling systems	$26,886.00
04	Environmental Qualit	A13	Add roof insulation	$10,144.00
06	Supportable Space N	A01	Add 154 SF of program space for size of Village.	$71,590.00
07	Disablilty Access	A07	Provide toilet facilities to meet ADA	$6,133.00
07	Disablilty Access	A12	Replace interior doors & hardware	$22,970.00
07	Disablilty Access	A14	Replace exterior doors	$8,340.00
10	Architectural M & R	A25	Provide for attic ventilation	$3,630.00
11	Structural M & R	A26	Exterior wall is rotting due to water infiltration	$10,152.00
12	Mechanical M & R	M01	Clinic water and sewer service	$6,214.00
12	Mechanical M & R	M02	Non ADA plumbing fixtures used in restroom	$2,170.00
12	Mechanical M & R	M03	Vacuum breaker at janitor's service sink	$299.00
12	Mechanical M & R	M04	Piped relief valve at the water heater	$283.00
12	Mechanical M & R	M05	Water heater dielectric unions	$71.00
12	Mechanical M & R	M06	Ductwork for exhaust fan	$823.00
12	Mechanical M & R	M07	Exhaust air in janitor's room and shower room	$1,988.00
13	Electrical M & R	KCG01	Service Deficiencies	$2,934.00
13	Electrical M & R	KCG02	Power Distribution	$1,399.00
13	Electrical M & R	KCG03	Wiring System	$2,668.00
13	Electrical M & R	KCG04	Grounding System	$4,909.00
13	Electrical M & R	KCG05	Wiring Devices	$2,833.00

(Summary Listing of Deficiencies by Code)

13	Electrical M & R	KCG06	Exterior Elements	$1,301.00
13	Electrical M & R	KCG07	Lighting	$5,055.00
13	Electrical M & R	KCG09	Telecommunications	$5,460.00
16	Painting M & R	A15	Re-caulk, seal, & paint and finish exterior of building	$1,514.00
17	Roof M & R	A20	Roofing is leaking	$6,833.00

Code / Conditions Subtotal:	**$503,872.00**
Remodel Subtotal:	**$142,965.00**
Addition Subtotal:	**$71,590.00**
Clinic Total:	**$718,427.00**

VI. New Clinic Analysis

The analysis of whether a new clinic is required is based on the Denali Commission standard of evaluation that "New Construction is viable if the cost of Repair/Renovation and Addition exceeds 75% of the cost of New Construction".

We have therefore determined the cost of a New Clinic Construction to meet the Alaska Rural Primary Care Facility (ARPCF) Space Guidelines for the size of village. We have also determined the cost to Repair/Renovation and Addition to the existing Clinic to meet the same ARPCF Space Guidelines.

We have included two analyses for Chignik, one at 1500 based on resident population, and another at 2500 SF which is required by the transient population and current delivery model for this to be a sub-regional clinic for four other villages.

The Small Clinic Analysis:

A. The cost of a New Denali Commission 1500 SF Small Clinic in Chignik is projected to be:

• Base Anchorage Construction Cost per sf.			$183
• Project Cost Factor:		@ 45%	$ 82
Medical Equipment	17%		
Construction Contingency	10%		
Design Fees	10%		
Construction Administration	8%		
• Multiplier for Village		@ 1.31	$ 87
Adjusted Cost per SF			$347
Projected Cost of a New Clinic:	**1500 sf. X $347**	**=**	**$520,500**

B. The cost of the Repair/Renovation and Additions for the existing Clinic are projected to be:

• Code & Condition Repairs/Renovations			
Cost from Deficiency Summary			$503,872
• Remodel/Upgrade work (See Def. Code 01)			
100% of clinic 1346 SF = 1346 SF @ $100+/SF			$142,965
• Additional Space Required by ARPCF – (See Def. Code 06)			
○ Base Anchorage Cost		$226	
Medical Equipment		$ 32	
Additional Costs –		$ 98	
General Requirements	20%		
Estimation Contingency	15%		
○ Multiplier for Village	@1.30	$107	
Adjusted Cost per SF		$463	
Total Addition Cost of 154 SF @ $463			$ 71,590
• Project Cost Factor:	@ 28%		$201,160
Construction Contingency	10%		
Construction Administration	8%		
Design Fees	10%		
Total cost of remodel/addition			**$ 919,587**

C. Comparison of Existing Clinic Renovation/Addition versus New Clinic:

Ratio of Renovation/Addition versus New Clinic is:
$989,587 / $520,500 = 1.77 x cost of New Clinic

Based on Denali Commission standard of evaluation; the remodel/addition costs are more than 75% of the cost of new construction. A new clinic is recommended for this community.

* Note: Village factors may have been adjusted for recent 2001 cost adjustments and may have changed from previously published data distributed to the villages.

D. Overall Project Cost Analysis:

The overall project cost analysis below incorporates land, multi-use, utility costs, and road access costs, and project management fees if any are associated with the project.

Item	Quantity	Units	Unit Cost	Area Adjustment Factor	Total Cost	Allowable under "Small" Clinic Process (yes/no)
Primary Care Clinic (Allowable)	1500	SF	$265.00	1.3	$520,500	yes
Clinic (Non-allowable portion)	0	SF	$265.64	1.3	$0	no
Land	15,000	SF	$2.00	1	$30,000	yes
Multi-Use Facility Design Cost	0	LS	$0.00	1	$0	yes
Multi-Use Facility Construction Cost	0	LS	$0.00	1	$0	no
Utility Extension/Improvements	1	LS	$15,000	1	$15,000	yes
Road access & parking lot improvements	1	LS	$5,000	1	$5,000	yes
Subtotal Project Cost					$570,500	
Project Management Fees					Unknown	
Total Project Cost					**Unknown**	

The Large Clinic Analysis:

A. The cost of a New Denali Commission 2500 SF Large Clinic in Chignik is projected to be:

• Base Anchorage Construction Cost per sf.			$183
• Project Cost Factor:		@ 45%	$ 82
Medical Equipment	17%		
Construction Contingency	10%		
Design Fees	10%		
Construction Administration	8%		
• Multiplier for Village		@ 1.31	$ 82
Adjusted Cost per SF			$347
Projected Cost of a New Clinic:	**2500 sf. X $347**	**=**	**$867,500**

B. The cost of the Repair/Renovation and Additions for the existing Clinic are projected to be:

• Code & Condition Repairs/Renovations			
Cost from Deficiency Summary			$503,872
• Remodel/Upgrade work (See Def. Code 01)			
100% of clinic 1346 SF = 1346 SF @ $100/SF			$142,965
• Additional Space Required by ARPCF – (See Def. Code 06)			
○ Base Anchorage Cost		$226	
Medical Equipment		$ 32	
Additional Costs –		$ 98	
General Requirements	20%		
Estimation Contingency	15%		
○ Multiplier for Village	@1.30	$107	
Adjusted Cost per SF		$463	
Total Addition Cost of 1300 SF @ $463			$536,461
• Project Cost Factor:	@ 28%		$331,323
Construction Contingency	10%		
Construction Administration	8%		
Design Fees	10%		
Total cost of remodel/addition			**$1,514,621**

C. Comparison of Existing Clinic Renovation/Addition versus New Clinic:

Ratio of Renovation/Addition versus New Clinic is:
$1,514,621 / $867,500 = 1.75 x cost of New Clinic

Based on Denali Commission standard of evaluation; the remodel/addition costs are more than 75% of the cost of new construction. A new clinic is recommended for this community.

* Note: Village factors may have been adjusted for recent 2001 cost adjustments and may have changed from previously published data distributed to the villages.

D. Overall Project Cost Analysis:

The overall project cost analysis below incorporates land, multi-use, utility costs, and road access costs, and project management fees if any are associated with the project.

Item	Quantity	Units	Unit Cost	Area Adjustment Factor	Total Cost	Allowable under "Small" Clinic Process (yes/no)
Primary Care Clinic (Allowable)	2500	SF	$265.00	1.3	$867,500	yes
Clinic (Non-allowable portion)	0	SF	$265.64	1.3	$0	no
Land	15,000	SF	$2.00	1	$30,000	yes
Multi-Use Facility Design Cost	0	LS	$0.00	1	$0	yes
Multi-Use Facility Construction Cost	0	LS	$0.00	1	$0	no
Utility Extension/Improvements	1	LS	$15,000	1	$15,000	yes
Road access & parking lot improvements	1	LS	$5,000	1	$5,000	yes
Subtotal Project Cost					$917,500	
Project Management Fees					Unknown	
Total Project Cost					**Unknown**	

VII. Conclusions and Recommendations

The existing Chignik Clinic has served the community well for many years. Base on current ANTHC and BBAHC delivery model for health care to rural Alaska, and the additional needs of the transient population as well as the surrounding three villages, the facility is not adequate in size or in condition to meet these needs. The existing structure could be adapted for many other less clinical and medically stringent uses without extensive remodeling.

After careful review it is the recommendation of the consultant team that a new Denali Commission 2500 SF Large Clinic be considered for Chignik. The addition of approximately 1154 sf of clinic space required by the current ARPCF Program Space Guidelines and the major renovation and upgrading of the existing clinic space will cost 1.75 times the cost of a new clinic. This results in the recommendation of a new clinic for this village.

The addition of only 154 SF to the clinic to the 1500 SF Small Clinic would not be adequate to meet the current health delivery program for Chignik.

We reviewed the options with the local community leaders the consensus was that the New Large Clinic would meet the current Chignik community needs and the four surrounding community's needs for years to come. In addition, they agreed that there is a site available for construction of a new clinic. The site is adjacent to all existing city utilities.

The community believes this is a good solution and will produce the best return for funds invested in a clinic that meets the needs of Chignik Community and the surrounding area and is aggressively moving to assist in any way to accomplish this goal.